

ALLIA.143CP3

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Zaghouani.

Appl. No. : 09/873,901

Filed : June 4, 2001

For : Coupling of Peripheral Tolerance
and Endogenous IL-10 Promotes
Effective Modulation of T Cells
and Ameliorates Autoimmune
Disease

Examiner : P. Nolan

Group Art Unit : 1644

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)
) I hereby certify that this correspondence
) and all marked attachments are being
) deposited with the United States Postal
) Service as first class mail in an envelope
) addressed to: Commissioner of Patents
) and Trademarks, P. O. Box 1450,
) Alexandria, VA 22313-1450, on

3/29/04

John Wurst

RESPONSE TO RESTRICTION REQUIREMENT

Commissioner for Patents and Trademarks
P. O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Official Action dated September 29, 2003, applicants have the following response:

Applicant hereby elects, with traversal, claims 19 - 22, 25 - 59 and 62 - 68. Applicant hereby elects multiple sclerosis as a "species" disease.

REMARKS

Applicant respectfully traverses the restriction requirements (including election of species within the selected group). As stated in the MPEP 803.01, criteria for restriction between patentably distinct inventions has two separate requirements:

- 1) the inventions must be independent or distinct as claimed; and,
- 2) there must be a serious burden on the examiner if restriction is required.

Applicants respectfully disagree that the claims, as currently drafted, would in any way be



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3/29/04

John E. Wurst
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COMMISSIONER FOR PATENTS AND TRADEMARKS
P. O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a Response to a Restriction Requirement (2 pages) in the above-identified application. Applicant hereby requests a three-month extension of time. The fee has been calculated as shown below:

Three Month Extension Fee (Small Entity)	\$475.00
TOTAL ADDITIONAL FEE FOR THIS RESPONSE	\$475.00

Enclosed are:

- (X) Response to Restriction Requirement (2 pages).
- (X) Please debit Deposit Account No. 01-1008 for the Three Month Extension of Time in the amount of \$465.
- (X) If for some reason Applicant has not paid a sufficient fee for this response, or to prevent the abandonment of this application, please consider this authorization to charge our

04/01/2004 EAREGAY1 00000107 011008 09873901

01 FC:2253 -475.00-DA

04/12/2004 EAREGAY1 00000062 011008 09873901

01 FC:2253 475.00 DA

Deposit Account No. 01-1008 for any fee, which may be due. Similarly, please credit any overpayment to Deposit Account No. 01-1008. A duplicate copy of this sheet is enclosed.

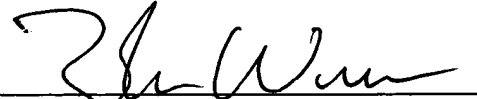
(XI) A return postcard.

(X) If there are any questions concerning this response, please call the undersigned at the number stated below.

Dated: _____

3/29/04

Respectfully submitted,



John Warst

Registration No. 40,283

(858) 410-5174